	What				Efficiency and system performance Care transitions and coordination High-priority settings and clinical focus areas: behavioral health High-priority settings and clinical focus areas: post-acute care settings High-priority settings and clinical focus areas: community and population health High-priority settings and clinical focus areas: free standing and hospital outpatient surgical centers Please provide a citation or source information on measure methodology from which SQAC staff may assess the validity and practicality of this measure.
	organization/				Please describe any setting(s) where this measure is currently being utilized (e.g. healthcare system,
What is your	entity do you			Measure	reporting entity, or academic/research group)
full name?	represent?		Measure Name	Steward	Additional comments
					- Care transitions and coordination
			NQF National Voluntary		- High-priority settings and clinical focus areas: behavioral health
			Consensus Standards for		- High-priority settings and clinical focus areas: community and population health
	MASBIRT		the Treatment of		- http://www.tresearch.org/centers/nqf_docs/NQF_Crosswalk.pdf
Alissa Cruz	Program		Substance Use Conditions	NQF	- healthcare systems
A 1 + l	MassHealth	101.04	Esophageal Resection	ALIDO	
Ann Lawthers	Quality Office	IQI 01	Volume Pancreatic Resection	AHRQ	_
Ann Lawthers	MassHealth Quality Office	IQI 02	Volume	AHRQ	
Allii Lawtileis	Quality Office	IQI 02	Abdominal Aortic	ARKQ	-
	MassHealth		Aneurysm (AAA) Repair		
Ann Lawthers	Quality Office	IQI 04	Volume	AHRQ	
	MassHealth	13.11	Coronary Artery Bypass		
Ann Lawthers	Quality Office	IQI 05	Graft (CABG) Volume	AHRQ	
	•		Percutaneous	·	1
			Transluminal Coronary		
	MassHealth		Angioplasty (PTCA)		
Ann Lawthers	Quality Office	IQI 06	Volume	AHRQ	
	MassHealth		Carotid Endarterectomy		
Ann Lawthers	Quality Office	IQI 07	Volume	AHRQ	
l	MassHealth		Esophageal Resection		
Ann Lawthers	Quality Office	IQI 08	Mortality Rate	AHRQ	_
	MassHealth	101.00	Pancreatic Resection	44100	
Ann Lawthers	Quality Office	IQI 09	Mortality Rate	AHRQ	-
A rain I accept a con-	MassHealth	101.11	Abdominal Aortic	ALIDO	
Ann Lawthers	Quality Office	IQI 11	Aneurysm (AAA) Repair	AHRQ	J I

			Mortality Rate	
	MassHealth		Coronary Artery Bypass	
Ann Lawthers	MassHealth Quality Office	IQI 12	Graft (CABG) Mortality Rate	AHRQ
	MassHealth	101.10	Craniotomy Mortality	
Ann Lawthers	Quality Office	IQI 13	Rate	AHRQ
Ann Lawthers	MassHealth Quality Office	IQI 14	Hip Replacement Mortality Rate	AHRQ
7till Lawthers	Quality Office	10,114	Acute Myocardial	7iiiiQ
	MassHealth		Infarction (AMI) Mortality	
Ann Lawthers	Quality Office	IQI 15	Rate.	AHRQ
	MassHealth		Congestive Heart Failure	
Ann Lawthers	Quality Office	IQI 16	(CHF) Mortality Rate	AHRQ
	MassHealth		Acute Stroke Mortality	
Ann Lawthers	Quality Office	IQI 17	Rate	AHRQ
	MassHealth		Gastrointestinal	
Ann Lawthers	Quality Office	IQI 18	Hemorrhage Mortality Rate	AHRQ
	MassHealth	13 2		
Ann Lawthers	Quality Office	IQI 19	Hip Fracture Mortality Rate	AHRQ
	MassHealth	,		,
Ann Lawthers	Quality Office	IQI 20	Pneumonia Mortality Rate	AHRQ
	MassHealth	·	, i	
Ann Lawthers	Quality Office	IQI 21	Cesarean Delivery Rat	AHRQ
			Vaginal Birth After	
	MassHealth		Cesarean (VBAC) Delivery	
Ann Lawthers	Quality Office	IQI 22	Rate, Uncomplicated	AHRQ
	MassHealth		Laparoscopic	
Ann Lawthers	Quality Office	IQI 23	Cholecystectomy Rate	AHRQ
	MassHealth		Incidental Appendectomy	
Ann Lawthers	Quality Office	IQI 24	in the Elderly Rate	AHRQ

Ī	1		I	
	MassHealth		Bilateral Cardiac	
Ann Lawthers	Quality Office	IQI 25	Catheterization Rate	AHRQ
	MassHealth		Coronary Artory Bypass	
Ann Lawthers	Quality Office	IQI 26	Coronary Artery Bypass Graft (CABG) Rate	AHRQ
Ann Lawthers	Quality Office	IQI 20	` '	ARKQ
	N/a sal la alth		Percutaneous	
A man I mountly man	MassHealth	101.27	Transluminal Coronary	ALIDO
Ann Lawthers	Quality Office	IQI 27	Angioplasty (PTCA) Rate	AHRQ
	MassHealth			
Ann Lawthers	Quality Office	IQI 28	Hysterectomy Rate	AHRQ
	N 4 1 1 14 1-		Lauring at a way and Corinal	
A.s.s. I.s.s.th.s.s.s	MassHealth	101.20	Laminectomy or Spinal	ALIDO
Ann Lawthers	Quality Office	IQI 29	Fusion Rate	AHRQ
			Percutaneous	
			Transluminal Coronary	
	MassHealth	101.00	Angioplasty (PTCA)	
Ann Lawthers	Quality Office	IQI 30	Mortality Rate	AHRQ
	MassHealth		Carotid Endarterectomy	
Ann Lawthers	Quality Office	IQI 31	Mortality Rate	AHRQ
	,		Acute Myocardial	
			Infarction (AMI) Mortality	
	MassHealth		Rate, Without Transfer	
Ann Lawthers	Quality Office	IQI 32	Cases	AHRQ
	MassHealth		Primary Cesarean Delivery	
Ann Lawthers	Quality Office	IQI 33	Rate	AHRQ
	MassHealth		Vaginal Birth After	
Ann Lawthers	Quality Office	IQI 34	Cesarean (VBAC) Rate, All	AHRQ
		<u>, </u>	, , ,	
	MassHealth		Rate of Complications of	
Ann Lawthers	Quality Office	EXP 1	Anesthesia	AHRQ
	MassHealth		Obstetric Trauma Rate -	
Ann Lawthers	Quality Office	EXP 2	Cesarean Delivery	AHRQ
			Death Rate in Low-	
	MassHealth		Mortality Diagnosis	
Ann Lawthers	Quality Office	PSI 02	Related Groups (DRGs)	AHRQ
La *** Circis		. 5. 52		

I	1	1		
Ann Lawthers	MassHealth Quality Office	PSI 03	Pressure Ulcer Rate	AHRQ
Ann Lawthers	Quality Office	13103	Death Rate among	Arma
			Surgical Inpatients with	
	MassHealth		Serious Treatable	
Ann Lawthers	Quality Office	PSI 04	Complications	AHRQ
	MassHealth		Foreign Body Left During	
Ann Lawthers	Quality Office	PSI 05	Procedure	AHRQ
	MassHealth		latrogenic Pneumothorax	
Ann Lawthers	Quality Office	PSI 06	Rate	AHRQ
			Central Venous Catheter-	
	MassHealth		Related Blood Stream	
Ann Lawthers	Quality Office	PSI 07	Infections Rate	AHRQ
	MassHealth		Postoperative Hip	
Ann Lawthers	Quality Office	PSI 08	Fracture Rate	AHRQ
			Postoperative	
	MassHealth		Hemorrhage or	
Ann Lawthers	Quality Office	PSI 09	Hematoma Rate	AHRQ
	MassHealth		Postoperative Physiologic and Metabolic	
Ann Lawthers	Quality Office	PSI 10	Derangement Rate	AHRQ
Ann Lawthers	MassHealth	PSI 11	Postoperative Respiratory Failure Rate	ALIDO
Ann Lawthers	Quality Office	P31 11	Postoperative Pulmonary	AHRQ
	MassHealth		Embolism or Deep Vein	
Ann Lawthers	Quality Office	PSI 12	Thrombosis Rate	AHRQ
	MassHealth			
Ann Lawthers	Quality Office	PSI 13	Postoperative Sepsis Rate	AHRQ
, and Lawrences		1.0.10		7110
Ann Lavetha	MassHealth	DCL44	Postoperative Wound	ALIDO
Ann Lawthers	Quality Office	PSI 14	Dehiscence Rate	AHRQ
	MassHealth		Accidental Puncture or	
Ann Lawthers	Quality Office	PSI 15	Laceration Rate	AHRQ

	Manalic - Iti-		Transferior Basetian		
Ann Lawthers	MassHealth Quality Office	PSI 16	Transfusion Reaction Volume	AHRQ	
AIII Lawtileis		LOLIO		ATING	
	MassHealth	201.47	Birth Trauma – Injury to		
Ann Lawthers	Quality Office	PSI 17	Neonate	AHRQ	
	MassHealth		Obstetric Trauma Rate– Vaginal Delivery With		
Ann Lawthers	Quality Office	PSI 18	Instrument	AHRQ	
7 IIII Laweilers	Quality Office	13.15	Obstetric Trauma Rate –	711110	
	MassHealth		Vaginal Delivery Without		
Ann Lawthers	Quality Office	PSI 19	Instrument	AHRQ	
	MassHealth		Foreign Body Left During		
Ann Lawthers	Quality Office	PSI 21	Procedure	AHRQ	
	MassHealth		latrogenic Pneumothorax		
Ann Lawthers	Quality Office	PSI 22	Rate	AHRQ	
7 2011(1.10.10	Quality Cilies	. 5	Central Venous Catheter-	7	
	MassHealth		Related Blood Stream		
Ann Lawthers	Quality Office	PSI 23	Infection Rate	AHRQ	
	MassHealth		Postoperative Wound		
Ann Lawthers	Quality Office	PSI 24	Dehiscence Rate	AHRQ	
	MassHealth		Accidental Puncture or		
Ann Lawthers	Quality Office	PSI 25	Laceration Rate	AHRQ	
				,	
Ann Lawthers	MassHealth Quality Office	PSI 26	Transfusion Reaction Rate	AHRQ	
Aiii Lawtiieis	Quality Office	F 31 20	Postoperative	Arma	
	MassHealth		Hemorrhage or		
Ann Lawthers	Quality Office	PSI 27	Hematoma Rate	AHRQ	
	MassHealth		Screening for Clinical		
Ann Lawthers	Quality Office		Depression	CMS	
	Zama, care		Diabetes Short-Term		
	MassHealth		Complications Admission		
Ann Lawthers	Quality Office		Rate (PQI 1)	AHRQ	
	MassHealth		Chronic obstructive		
Ann Lawthers	Quality Office		pulmonary disease (PQI 5)	AHRQ	

I	l				
	MassHealth		Congestive Heart Failure		
Ann Lawthers	Quality Office		Admission Rate (PQI 8)	AHRQ	ACO, Maine Health, ONC Beacon
	MassHealth				
Ann Lawthers	Quality Office		Adult asthma (PQI 15)	AHRQ	Maine Health, ONC Beacon
			Elective delivery prior to	Hospital	
	MassHealth		39 completed weeks	Corporation	
Ann Lawthers	Quality Office		gestation	of America	
				Providence	
				St. Vincent	
	MassHealth		Appropriate Use of	Medical	
Ann Lawthers	Quality Office		Antenatal Steroids	Center	
	MassHealth				
Ann Lawthers	Quality Office		HIV/AIDS: Medical Visit	NCQA	
7 20.07 6.1.010	Quanty Cine		Adherence to		
			Antipsychotics for		
	MassHealth		Individuals with		
Ann Lawthers	Quality Office		Schizophrenia	CMS-QMHAG	
	·		Timely Transmission of		
			Transition Record		
			(Inpatient Discharges to		
	MassHealth		Home/Self Care or Any		
Ann Lawthers	Quality Office		Other Site of Care)	AMA-PCPI	Pediatric Hospital
			Adults who had an		
			appointment for routine		
		CAHPS Health	health care in the last 12		
		Plan Survey v	months who got		
	MassHealth	4.0 - Adult	appointments for routine		
Ann Lawthers	Quality Office	questionnaire	care as soon as wanted.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
			Children who had an		
			appointment for routine		
		CAHPS Health	health care in the last 12		
		Plan Survey v	months who got		
	MassHealth	4.0 - Adult	appointments for routine		
Ann Lawthers	Quality Office	questionnaire	care as soon as wanted.	AHRQ	National CAHPS Benchmarking Database (State Data Source)

	MassHealth	CAHPS Health Plan Survey v 4.0 - Adult	Adults who needed care right away for an illness, injury, or condition in the last 12 months who got		
Ann Lawthers	Quality Office	questionnaire	care as soon as wanted.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
	MassHealth	CAHPS Health Plan Survey v 4.0 - Adult	Children who needed care right away for an illness, injury, or condition in the last 12 months who got		
Ann Lawthers	Quality Office	questionnaire	care as soon as wanted.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
			Composite measure: Adults who had a doctor's office or clinic visit in the last 12 months whose health providers listened		
		CAHPS Health	carefully, explained things		
		Plan Survey v	clearly, respected what		
	MassHealth	4.0 - Adult	they had to say, and spent		
Ann Lawthers	Quality Office	questionnaire	enough time with them.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
			Composite measure: Children who had a doctor's office or clinic visit in the last 12 months whose health providers listened carefully, explained things clearly,		
		CAHPS Health	respected what their		
	N 4 1 1 1 + 1-	Plan Survey v	parents had to say, and		
Ann Lauthara	MassHealth	4.0 - Adult	spent enough time with them.	AHRQ	National CAHDS Banchmarking Database (State Data Source)
Ann Lawthers	Quality Office	questionnaire	Adults who had a doctor's	ANNU	National CAHPS Benchmarking Database (State Data Source)
		CAHPS Health	office or clinic visit in the		
		Plan Survey v	last 12 months whose		
	MassHealth	4.0 - Adult	health providers listened		
Ann Lawthers	Quality Office	questionnaire	carefully to them.	AHRQ	National CAHPS Benchmarking Database (State Data Source)

1	I	1	Children who had a	1	1
		CALIDCILicalth			
		CAHPS Health	doctor's office or clinic		
		Plan Survey v	visit in the last 12 months		
	MassHealth	4.0 - Adult	whose health providers		
Ann Lawthers	Quality Office	questionnaire	listened carefully to them.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
			Adults who had a doctor's		
			office or clinic visit in the		
		CAHPS Health	last 12 months whose		
		Plan Survey v	health providers		
	MassHealth	4.0 - Adult	explained things in a way		
Ann Lawthers	Quality Office	questionnaire	they could understand.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
			Children who had a		
			doctor's office or clinic		
		CAHPS Health	visit in the last 12 months		
		Plan Survey v	whose health providers		
	MassHealth	4.0 - Adult	explained things in a way		
Ann Lawthers	Quality Office	questionnaire	they could understand.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
			Adults who had a doctor's		
			office or clinic visit in the		
		CAHPS Health	last 12 months whose		
		Plan Survey v	health providers showed		
	MassHealth	4.0 - Adult	respect for what they had		
Ann Lawthers	Quality Office	questionnaire	to say.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
			Children who had a		
			doctor's office or clinic		
		CAHPS Health	visit in the last 12 months		
		Plan Survey v	whose health providers		
	MassHealth	4.0 - Adult	showed respect for what		
Ann Lawthers	Quality Office	questionnaire	they had to say.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
			Adults who had a doctor's		
		CAHPS Health	office or clinic visit in the		
		Plan Survey v	last 12 months whose		
	MassHealth	4.0 - Adult	health providers spent		
Ann Lawthers	Quality Office	questionnaire	enough time with them.	AHRQ	National CAHPS Benchmarking Database (State Data Source)

Ann Lawthers	MassHealth Quality Office	CAHPS Health Plan Survey v 4.0 - Adult questionnaire	Rating of health care by adults who had a doctor's office or clinic visit in the last 12 months.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
Ann Invelore	MassHealth	CAHPS Health Plan Survey v 4.0 - Adult	Rating of health care for children who had a doctor's office or clinic	AUDO	National CALIDS Development in a Database (Chata Data Course)
Ann Lawthers	Quality Office MassHealth	CAHPS Health Plan Survey v 4.0 - Adult	visit in the last 12 months. Children who had a doctor's office or clinic visit in the last 12 months whose health providers spent enough time with	AHRQ	National CAHPS Benchmarking Database (State Data Source)
Ann Lawthers	Quality Office	questionnaire	them.	AHRQ	National CAHPS Benchmarking Database (State Data Source)
Ann Lawthers	MassHealth Quality Office		Median Time from ED Arrival to ED Departure for Admitted ED Patients	CMS	Maine Health, MU CA Hospitals, MU stage 1
Ann Lawthers	MassHealth Quality Office		Admit Decision Time to ED Departure Time for Admitted Patients	CMS	Maine Health, MU CA Hospitals, MU stage 1
Ann Lawthers	MassHealth Quality Office		Medication Reconciliation	NCQA	ACO
Ann Lawthers	MassHealth Quality Office		CAC -1: Use of relievers for inpatient asthma	The Joint Commission	Alliance for Health, Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures
Ann Lawthers	MassHealth Quality Office		CAC-2: Use of systemic corticosteroids for inpatient asthma	The Joint Commission	Alliance for Health, Pediatric Hospital, Hospital Compare, MassHealth Acute Hospital Quality Measures

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		CAC-3: Home	
		Management Plan of Care	
	MassHealth	Document Given to	
Ann Lawthers	Quality Office	Patient/Caregiver	The Joint Commission
		Timing of Prophylactic	
	MassHealth	Antibiotics - Administering	
Ann Lawthers	Quality Office	Physician	AMA-PCPI
		Selection of Prophylactic	
		Antibiotic: First OR	
	MassHealth	Second Generation	
Ann Lawthers	Quality Office	Cephalosporin	AMA-PCPI
		Prophylactic Antibiotic	
		Received Within One Hour	
		Prior to Surgical Incision	
	MassHealth	or at the Time of Delivery	
Ann Lawthers	Quality Office	– Cesarean section.	Massachusetts General Hospital/Partners Health Care System
		HBIPS-4: Patients	
		discharged on multiple	
	MassHealth	antipsychotic	
Ann Lawthers	Quality Office	medications.	The Joint Commission
	MassHealth	HBIPS-2 Hours of physical	
Ann Lawthers	Quality Office	restraint use	The Joint Commission
Alli Lawtilers	Quality Office	HBIPS-1 Admission	THE JOHN COMMISSION
		screening for violence	
		risk, substance use,	
		physcolgoical trauma	
	MassHealth	history and patient	
Ann Lawthers	Quality Office	strengths completed	The Joint Commission
Aiii Lawtiieis	Quality Office	Transition Record with	THE JOHN COMMISSION
		Specified Elements	
		Received by Discharged	
		Patients (Inpatient	
		Discharges to Home/Self	
	MassHealth	Care or Any Other Site of	
Ann Lawthers	Quality Office	Care of Any Other Site of Care) (Inpatient	AMA-PCPI
AIIII Lawtiicis	Quality Office	Care) (Inpatient	AMATELL

		Discharges to Home/Self Care or Any Other Site of Care)	
	MassHealth	TOB-1 Tobacco Use	
Ann Lawthers	Quality Office	Screening	The Joint Commission
	MassHealth	TOB-2 Tobacco Use Treatment Provided or	
Ann Lawthers	Quality Office	Offered	The Joint Commission
7 mm Editeriors			The some commission
A I the	MassHealth	TOB-2a Tobacco Use	The Isiah Commission
Ann Lawthers	Quality Office	Treatment TOB-3 Tobacco Use	The Joint Commission
	MassHealth	Treatment Provided or	
Ann Lawthers	Quality Office	Offered at Discharge	The Joint Commission
	MassHealth	TOB-3a Tobacco Use	
Ann Lawthers	Quality Office	Treatment at Discharge	The Joint Commission
7 dill Edwellers	Quanty Office	TOB-4 Tobacco Use:	The some commission
	MassHealth	Assessing Status After	
Ann Lawthers	Quality Office	Discharge	The Joint Commission
	MassHealth	CCM-1 Reconciled	
Ann Lawthers	Quality Office	medication list (delayed)	MassHealth
		CCM-2 Transition record	
	MassHealth	with data received by	
Ann Lawthers	Quality Office	patient	MassHealth
		CCM-3 Timely	
	MassHealth	transmission of transition	
Ann Lawthers	Quality Office	record	MassHealth
	MassHealth	MAT-1 Intrapartum	
Ann Lawthers	Quality Office	Antibiotic Prophylaxis for Group B Streptococcus	The Joint Commission
AIII Lawtiicis	Quality Office	MAT-2a Perioperative	THE JOINT COMMISSION
	MassHealth	Antibiotics for Cesarean	
Ann Lawthers	Quality Office	Section – Timing of	The Joint Commission, MassHealth Acute Hospital Quality Measures

		Antibiotic	
		MAT-2b Perioperative	
		Antibiotics for Cesarean	
	MassHealth	Section – Antibiotic	
Ann Lawthers	Quality Office	Choice	The Joint Commission, MassHealth Acute Hospital Quality Measures
		MAT-3 Elective Delivery	
	MassHealth	≥37 and <39 completed	
Ann Lawthers	Quality Office	weeks gestation	The Joint Commission, MassHealth Acute Hospital Quality Measures
		HD-2 Clinical Health	
	MassHealth	Disparities Composite	
Ann Lawthers	Quality Office	Measure	MassHealth, MassHealth Acute Hospital Quality Measures
	Children's	Preschool Vision	
Bruce Moore	Vision	Screening Performance	
O.D.	Massachusetts	Measure	National Center for Children's Vision and Eye Health, National Expert Panel, funded by MCHB 2009-2012
U.D.	iviassaciiusetts	Preventive Care and	National Center for Children's vision and Lye health, National Expert Failer, funded by Michib 2003-2012
		screening: percentage of	
		patients aged 18 years	
		and older who were	
		screened for unhealthy	
		alcohol use at least once	
		during the 2 year	
		measurement period	AMA-PCPI, High-priority settings and clinical focus areas: behavioral health,
		using a systematic	http://www.ama-assn.org/apps/listserv/x-check/qmeasure.cgi?submit=PCPI
Carol Girard	MDPH/BSAS	screening method;	-select substance use disorders various primary care settings
		Preventive Care and	construction and anomalism territorial primary care octainings
		screening: percentage of	
		patients aged 18 years	
		and older who were	
		screened for unhealthy	
		alcohol use at least once	
		during the 2 year	
		measurement period	
		using a systematic	
		screening method AND	
Carol Girard	MDPH/BSAS	who received brief	AMA-PCPI

		counseling if identified as	
		an unhealthy alcohol user	
		Substance Use Disorders:	
		percentage of patients	
		aged 18 years and older	
		with a diagnosis of current	
		alcohol dependence who	
		were counseled regarding	
		psychosocial AND	
		pharmacologic treatment	
		options for alcohol	
		dependence within the 12	
Carol Girard	MDPH/BSAS	month reporting period	AMA-PCPI
		Substance Use Disorders:	
		percentage of patients	
		aged 18 years and older	
		with a diagnosis of current	
		opioid addiction who	
		were counseled regarding	
		psychosocial AND	
		pharmacologic treatment	
		options for opioid	
		addiction within the 12	
Carol Girard	MDPH/BSAS	month reporting period	AMA-PCPI
		SUB-1 Alcohol Use	
Carol Girard	MDPH/BSAS	Screening	ORYX
		SUB-2 Alcohol Use Brief	
		Intervention Provided or	
Carol Girard	MDPH/BSAS	Offered	ORYX
		SUB-2a Alcohol Use Brief	
Carol Girard	MDPH/BSAS	Intervention	ORYX

		SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or	
Carol Girard	MDPH/BSAS	Offered at Discharge	ORYX
Carol Girard	MDPH/BSAS	SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	ORYX High-priority settings and clinical focus areas: behavioral health http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures.a spx Health systems
Carol Girard	MDPH/BSAS	SUB-4 Alcohol and Drug Use: Assessing Status after Discharge	ORYX
Carol Girard	MDPH/BSAS	Proportion of persons appropriately counseled about health behaviors	US Department of Health and Human Services Measure Inventory Office of the Public Health Service - OPHS High-priority settings and clinical focus areas: behavioral health http://www.qualitymeasures.ahrq.gov/index.aspx This measure is for primary care
Carol Girard	MDPH/BSAS	Proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis or treatment for one of these conditions in a hospital emergency department	US Department of Health and Human Services Measure Inventory Office of the Public Health Service - OPHS
Carol Girard	MDPH/BSAS	Proportion of persons who need alcohol and or illicit drug treatment and received speciality treatment for abuse or dependence in the past year.	US Department of Health and Human Services Measure Inventory Office of the Public Health Service - OPHS

I	1	Appropriate screening:	
		percent of eligible	Veteran's Health Administration
		patients screened	High-priority settings and clinical focus areas: behavioral health
		annually for alcohol	http://www.qualitymeasures.ahrq.gov/popups/printView.aspx?id=32474
		misuse with AUDIC-C	
Carol Girard	MDPH/BSAS		Health systems
Carol Girard	IVIDPH/BSAS	(Screening tool)	Applies to primary care
		Behavioral health: percent	
		of patients screened for alcohol misuse with	
		AUDIT-C who meet or	
		exceed a threshold score	
Canal Cinand	AADDU /DCAC	of 5 who have timely brief	Vatavana Haalth Adveiriatuation
Carol Girard	MDPH/BSAS	alcohol counseling	Veterans Health Administration
			TJC, AMA-PCPI, AHRQ, ABIM
			Efficiency and system performance
			Care transitions and coordination
			High-priority settings and clinical focus areas: behavioral health
			High-priority settings and clinical focus areas: community and population health
	Massillasithasid		High-priority settings and clinical focus areas: free standing and hospital outpatient surgical centers
	MassHealth and		Most measures in this set are NQF endorsed
	University of	Manallanith Hannital DAD	MassHealth Hospital Pay for Performance
David Polakoff	Massachusetts Medical School	MassHealth Hospital P4P	While we would have loved to submit the measures one by one, this tool does not appear to permit a user to access this form more than once.
David Polakoli	iviedical School	Measure Set	
			AHRQ and CMS
			Efficiency and system performance
			Care transitions and coordination
	University of		High-priority settings and clinical focus areas: behavioral health
	University of	CMS Adult Core Measure	High-priority settings and clinical focus areas: community and population health
David Polakoff	Massachusetts Medical school		Federal Register, Vol 77, #2, January 4, 2012
David Polakoff	iviedicai school	Set	All US State Medicaid programs
		The shots for Adults Assa	
		Flu shots for Adults Ages	NCOA
		50-64 (Collected as part of	NCQA
Devid Deleter	UMass Medical	HEDIS CAHPS	High-priority settings and clinical focus areas: community and population health
David Polakoff	School	Supplemental Survey)	39 CMS Adult Core Measure Set

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			Care Transitions Program
			Care transitions and coordination
Deborah	Health Care For	Care Transitions Measures	www.caretransitions.org (Eric Coleman, University of Colorado)
Wachenheim	All	CTM-3 and CTM-15	Division of Health Care Policy and Research at the University of Colorado Denver
			Source of measure development: Foundation for Informed Medical Decision Making
			SQAC priority: efficiency and system performance
			Citation or source information: Karen Sepulcha at Massachusetts General Hospital
			Currently utilized: through the Foundation for Informed Medical Decision Making at locations that are using
			shared decision making tools
			They have developed and tested survey instruments for the following elective surgical procedures:
			1. Herniated disc
			2. Spinal Stenosis
			3. Total knee replacement
			4. Total hip replacement
			5. Coronary Bypass/stents
			They have developed and tested survey instruments for the following screening and treatment decisions:
			1. Breast cancer surgery
			2. Breast reconstruction
			3. Prostate cancer treatment
			4. Prostate cancer testing (PSA)
			5. Colon cancer testing
			They also have a set of items that more generally assess the extent to which clinicians engaged patients in
Daharah	Health Core For	Has and Ovality of Channel	shared decision making. In addition to engaging patients in making decisions about treatments for which there
Deborah Wachenheim	Health Care For	Use and Quality of Shared Decision Making	are multiple options, these tools often lead to a decrease in overuse of inappropriate care.
vvacnemiemi	All .	Decision Making	Source of measure development: NQF
			SQAC priority: care transitions and coordination
			Citation or source information: NQF
			(http://www.qualityforum.org/News_And_Resources/Press_Releases/2012/NQF_Endorses_Palliative_and_End
		Quality of Palliative and	-of-Life_Care_Measures.aspx)
Deborah	Health Care For	End-of-Life Care	Additional comments:
Wachenheim	All	Liid-Oi-Liie Cale	Additional comments.

			The list of measures endorsed by NQF is:
			1634: Hospice and Palliative Care- Pain Screening (UNC) (paired with measure 1637)
			1637: Hospice and Palliative Care – Pain Assessment (UNC) (paired with measure 1634)
			1617: Patients treated with an Opioid who are given a bowel regimen (RAND)
			1628: Patients with advanced cancer assessed for pain at outpatient visits (RAND)
			1638: Hospice and Palliative Care- Dyspnea Treatment (UNC) (paired with measure 1639)
			1639: Hospice and Palliative Care – Dyspnea Screening (UNC) (paired with measure 1638)
			1626: Patients admitted to the ICU who have care preferences documented (RAND)
			1641: Hospice and Palliative Care- Treatment Preferences (UNC)
			• 1647: Percentage of hospice patients with documentation in the clinical record of a discussion of
			spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss (Deyta)
			0209: Comfortable dying (NHPCO) (maintenance)
			1625: Hospitalized patients who die an expected death with an ICD that has been deactivated (RAND)
			0208: Family Evaluation of Hospice Care (NHPCO) (maintenance)
			1632: CARE- Consumer Assessments and Reports of End of Life (Center for Gerontology and Health
			Care Research)
			1623: Bereaved Family Survey (PROMISE Center)
			Citation or source information: NQF (http://www.qualityforum.org/projects/care_coordination.aspx)
			NQF has a list of 24 preferred practices, some of which could become measures, and 10 measures. The list of
			10 measures is:
			Cardiac rehabilitation patient referral from an inpatient setting
			Cardiac rehabilitation patient referral from an outpatient setting
			Patients with a transient ischemic event ER visit who had a follow-up office visit
			Biopsy follow-up
			Reconciled medication list received by discharged patients (inpatient discharges to home/self care or
			any other site of care)
			Transition record with specified elements received by discharged patients (inpatient discharges to
			home/self-care or any other site of care) The state of the state
Deborah	Health Care For	NQF-endorsed care	Timely transmission of transition record (inpatient discharges to home/self care or any other site of
Wachenheim	All	coordination measure set	• care)

			Transition record with specified elements received by discharged patients (emergency department)
			discharges to ambulatory care [home/self care])
			Melanoma continuity of care – recall system
			3-Item Care Transitions Measure (CTM-3)1
			Source of measure development: John Wasson, Dartmouth Medical School
			SQAC priority: community and population health
			Citation or source information: www.howsyourhealth.org (John Wasson)
			Currently utilized: Dartmouth Medical School; a number of medical providers/health care systems and communities are utilizing this tool
Deborah Wachenheim	Health Care For	Patient Confidence	Howsyourhealth is a way of measuring patient confidence in their own health care and in the care their physicians provide. It is also a way for providers to measure the difference they are making in terms of their patients' health status from the perspective of the patients.
wachenneim	All	ratient confidence	Source of measure development: Eric Coleman, Care Transitions Project
			SQAC priority: care transitions and coordination
		Care Transitions Measure	Citation or source information: www.caretransitions.org
Deborah Wachenheim	Health Care For	(CTM-3 and/or CTM-15)	Currently utilized: Division of Health Care Policy and Research, University of Colorado Denver
vvacnemiem	MA Group	(0	
	Insurance	Hypertension new	
Dolores Mitchell	Commission	patients glucose test	Resolution Health
Dolores Mitchell	MA GIC	Hypertension new patients potassium test	Resolution Health
Dolores Mitchell	MA GIC	Hypertension new patients lipid test	Resolution Health
Dolores Mitchell	MA GIC	Hypertension patients not on short-acting DHP calcium blocker	Resolution Health
Dolores Mitchell	MA GIC	COPD/asthma proper use of short-acting beta2 agonist inhaler	Resolution Health
Dolores Mitchell	MA GIC	Persistent asthma patients on beta-2 agonist	Resolution Health

		Dementia new patients	Resolution Health
Dolores Mitchell	MA GIC	thyroid and B12 tests	
		Diabetes new patients on	Resolution Health
Dolores Mitchell	MA GIC	metformin	
		Otitis media effusion no	Resolution Health
Dolores Mitchell	MA GIC	systemic antimicrobials	
		Appropriate office visits	Resolution Health
Dolores Mitchell	MA GIC	for infants 0-1	
		Appropriate office visits	Resolution Health
Dolores Mitchell	MA GIC	for children 12-18	
		Appropriate office visits	Resolution Health
Dolores Mitchell	MA GIC	for children 1-3	
		Appropriate office visits	Resolution Health
Dolores Mitchell	MA GIC	for children 3-11	
Dolores Witterien	WA GIC	101 children 3-11	Resolution Health
		Cataract surgery no post-	Nesolation realth
Dolores Mitchell	MA GIC	op complications	
		BPH patients not on	Resolution Health
Dolores Mitchell	MA GIC	anticholinergic meds	
		_	Resolution Health
		Acute otitis externa avoid	
Dolores Mitchell	MA GIC	systemic antibiotics	
		Atrial fibrillation New	Resolution Health
Dolores Mitchell	MA GIC	Warfarin INR check	
		Bare metal stent	Resolution Health
Dolores Mitchell	MA GIC	antiplatelet within 30 days	
Dolores Witterien	WAGC		Resolution Health
		CHD post MI patients on	Nessiation result
Dolores Mitchell	MA GIC	beta blockers	
		CHF patients not on DHP	Resolution Health
Dolores Mitchell	MA GIC	calcium channel blocker	
		Depression no anviel ±15	Resolution Health
Doloros Mitchall	MAGIC	Depression no anxiolytic	
Dolores Mitchell	MA GIC	without antidepressant	

		Diabetes and	Resolution Health
		hypertension or nephropathy patients on	
Dolores Mitchell	MA GIC	ACE-I or ARB	
Dolores Witterien	I I I I I I I I I I I I I I I I I I I		Resolution Health
		Clozapine white blood cell	
Dolores Mitchell	MA GIC	count	
		IBD patient on chronic	Resolution Health
Dolores Mitchell	MA GIC	steroid BMD test	
		New Atrial Fibrillation:	Resolution Health
Dolores Mitchell	MA GIC	Thyroid Function Test	
Dolores Witerien	I I I I I I I I I I I I I I I I I I I	Bipolar disorder new	Resolution Health
		patients on antimanic	
Dolores Mitchell	MA GIC	agent	
		Breast Cancer - Cancer	Resolution Health
Dolores Mitchell	MA GIC	Surveillance	
Dolores Witterien	WA GIC	Survemance	Resolution Health
		Post MI patients on ACE	nesolation realth
Dolores Mitchell	MA GIC	inhibitor or ARB	
		Chronic Kidney Disease:	Resolution Health
Dolores Mitchell	MA GIC	Monitoring Calcium	
		Chronic Kidney Disease:	Resolution Health
Dolores Mitchell	MA GIC	Monitoring Phosphorus	
Dolores Witterien	WAGE	Chronic Kidney Disease:	Resolution Health
		Monitoring Parathyroid	
Dolores Mitchell	MA GIC	Hormone (PTH)	
		Chronic Kidney Disease -	Resolution Health
Dolores Mitchell	MA GIC	Lipid Profile Monitoring	
Dolores Witerien	I I I I I I I I I I I I I I I I I I I	Adult(s) taking insulin	Resolution Health
		with evidence of self-	
		monitoring blood glucose	
Dolores Mitchell	MA GIC	testing	
		Adult(s) with diabetes	Resolution Health
		that had a serum	
Dolores Mitchell	MA GIC	creatinine in the last 12	

		months	
Dolores Mitchell	MA GIC	Drug-eluting stent patients on antiplatelet	Resolution Health
Dolores witerien	THE COLO	Dyslipidemia new med and lipid panel at 3	Resolution Health
Dolores Mitchell	MA GIC	months	
Dolores Mitchell	MA GIC	Appropriate work up prior to endometrial ablation procedure	Resolution Health
Dolores Mitchell	MA GIC	Heart Failure - ACE-I or ARB Therapy	Resolution Health
Dolores Mitchell	MA GIC	Heart Failure - Use of Beta Blocker Therapy	Resolution Health
Dolores Mitchell	MA GIC	HIV screening: Members at high risk of HIV	Resolution Health
Dolores Mitchell	MA GIC	HTN patients that had a serum creatinine in last 12 months	Resolution Health
Dolores Mitchell	MA GIC	Hydroxychloroquine annual eye exam	Resolution Health
Dolores Mitchell	MA GIC	Hepatitis C viral load test	Resolution Health
Dolores Mitchell	MA GIC	Lithium annual creatinine test	Resolution Health
Dolores Mitchell	MA GIC	Lithium annual drug level test	Resolution Health
Dolores Mitchell	MA GIC	Lithium annual thyroid function test	Resolution Health
Dolores Mitchell	MA GIC	Methotrexate CBC within 12 weeks	Resolution Health
Dolores Mitchell	MA GIC	Methotrexate creatinine within 12 weeks	Resolution Health
Dolores Mitchell	MA GIC	Methotrexate LFT within 12 weeks	Resolution Health

1		Frequent use of acute	Resolution Health
		migraine medications also	
		on prophylactic	
Dolores Mitchell	MA GIC	medications	
		Amiodarone therapy	Resolution Health
Dolores Mitchell	MA GIC	baseline TSH test	
		Warfarin PT test within	Resolution Health
Dolores Mitchell	MA GIC	last 2 months	
		Rheumatoid arthritis new	Resolution Health
Dolores Mitchell	MA GIC	baseline ESR or CRP	
		Osteopenia and Chronic	Resolution Health
		Steroid Use - Treatment	
Dolores Mitchell	MA GIC	to Prevent Osteoporosis	
		Osteoporosis - Use of	Resolution Health
		Pharmacological	
Dolores Mitchell	MA GIC	Treatment	
		Pregnant women that had	Resolution Health
Dolores Mitchell	MA GIC	HBsAg testing	
		Pregnant women that had	Resolution Health
Dolores Mitchell	MA GIC	HIV testing	
		Pregnant women that had	Resolution Health
Dolores Mitchell	MA GIC	syphilis screening	
		Pregnant women with	Resolution Health
		diabetes not on	
Dolores Mitchell	MA GIC	hypoglycemic meds	
		High risk cervical cancer	Resolution Health
Dolores Mitchell	MA GIC	screening in past year	
		Prostate Cancer - Cancer	Resolution Health
Dolores Mitchell	MA GIC	Surveillance	
		Rheumatoid Arthritis	Resolution Health
Dolores Mitchell	MA GIC	Annual ESR or CRP	
		Rheumatoid arthritis new	Resolution Health
Dolores Mitchell	MA GIC	baseline AST or ALT tests	
		Rheumatoid arthritis new	Resolution Health
Dolores Mitchell	MA GIC	baseline CBC	
ווווננוופון באוטוסיב	IVIA CIC	המסכווווב כטכ	

		Rheumatoid arthritis new	Resolution Health
Dolores Mitchell	MA GIC	baseline creatinine test	
		Steroid Use - Osteoporosis	Resolution Health
Dolores Mitchell	MA GIC	Screening	
		Tympanostomy tube	Resolution Health
Dolores Mitchell	MA GIC	patients hearing test	
		Pulmonary embolism	Resolution Health
		anticoagulation at least 3	
Dolores Mitchell	MA GIC	months	
		Deep vein thrombosis	Resolution Health
		anticoagulation at least 3	
Dolores Mitchell	MA GIC	months	
			The Joint Commission
			High-priority settings and clinical focus areas: behavioral health
			High-priority settings and clinical focus areas: community and population health
			National Health Resource Center on Domestic Violence -
	Boston Medical		http://www.futureswithoutviolence.org/content/features/detail/790/ (ph: 888-792-2873).
	Center &		Hospitals
	Governor's		There is growing and near unanimous consensus among national and international health organizations that
	Council to		sexual and domestic violence, as well as other forms of abuse and neglect, are critical issues to be addressed in
	Address Sexual		health care. The MA Governor's Council to Address Sexual and Domestic Violence has convened a working
	and Domestic		group focused on how to assure that best practices are in alignment with health care reform. Our Health Care
	Violence,		Working Group, with full support of its membership, submits The Joint Commission Standard PC.01.02.09
Joanne	Health Care	PC.01.02.09 Standard on	measure set for consideration by the SQAC. Within this measure set, we would prioritize Elements of
Timmons, MPH	Working Group	Abuse and Neglect	Performance #3, followed by #2 and #5 which are closely related to each other.
			NQF
			Efficiency and system performance
			Care transitions and coordination
			High-priority settings and clinical focus areas: behavioral health
			High-priority settings and clinical focus areas: post-acute care settings
			High-priority settings and clinical focus areas: community and population health
			High-priority settings and clinical focus areas: free standing and hospital outpatient surgical centers http://www.healthpartners.com/public/tcoc/
			http://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/dev_057649.pdf
	Massachusetts		http://www.qualityforum.org/News And Resources/Press Releases/2012/NQF Endorses Resource Use Me
	Association of		asures.aspx
Kara Cotich	Health Plans	Total Cost of Care Index	Health Partners of Minnesota

	Massachusetts	Cesarean Section	
	Association of	Utilization Rates (C-	DPH, AHRQ
Kara Cotich	Health Plans	section)	MA DPH
	Massachusetts		
	Association of	New HEDIS Readmission	
Kara Cotich	Health Plans	Measure	NCQA
			CDC, AHRQ, NQF
			High-priority settings and clinical focus areas: community and population health
			1. CDC recommends routine STD/HIV screening for sexually active adolescents and men-who-have-sex-with-
			men, among others http://www.cdc.gov/std/treatment/2010/specialpops.htm 2. chlamydia screening in
			women is an AHRQ (http://www.uspreventiveservicestaskforce.org/uspstf/uspschlm.htm) and NQF-endorsed
			measure (http://www.ncqa.org/tabid/59/Default.aspx) 3. routine HIV screening is recommended by CDC
			(http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm), and in at-risk populations by USPSTF
			(http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm)
			for chlamydia screening has been a HEDIS measure since eraly 2000s
			Some of the greatest racial/ethnic and sexual minority health disparities are seen in the area of sexual health,
			with rates of reported STD/HIV disproportionately affecting non-whites and sexual minorities (Massachusetts 2010 chlamydia infection rates 18x higher in Black non-Hispanic and 13x higher in Hispanic compared to white
	MDPH Bureau		non-Hispanic populations in Massachusetts; national syphilis and HIV diagnosis rates >40x higher in MSM
	of ID, Div. of		compared to other men or women). A quality measure surrounding appropriate screening for STD/HIV would
	STD Prevention		promote sexual health and potentially lead to reductions in aforementioned disparities. Moreover, the
Katherine Hsu,	& HIV/AIDS		evidence base for routine STD/HIV screening is particularly strong for youth and young adults, so a quality
MD, MPH	Surv.	STD/HIV screening	measure in this arena would also be a great tool for promotion of adolescent/young adult health.
,		Hospital-based inpatient	, , , , , , , , , , , , , , , , , , ,
		psychiatric services: the	
		percentage of patients	
		discharged from a	The Joint Commission - Health Care Accreditation Organization
	National	hospital-based inpatient	Care transitions and coordination
	Association of	psychiatric setting with a	High-priority settings and clinical focus areas: behavioral health
	Social Workers,	continuing care plan	Specifications Manual for Joint Commission National Quality Core Measures [Version 2011A]. Oakbrook
	Massachusetts	provided to the next level	Terrace (IL): The Joint Commission; 20410 Dec. HBIPS-1 to HBIPS-270 p.
Katie Hakesley	Chapter	of care clinician or entity	Hospitals

Katie Hakesley	National Association of Social Workers, Massachusetts Chapter (NASW-MA)	Behavioral health care patients' satisfaction: adult patients' overall rating of the counseling or treatment they received.	AHRQ Efficiency and system performance High-priority settings and clinical focus areas: behavioral health CAHPS® surveys and tools to advance patient-centered care [https://www.cahps.ahrq.gov/default.asp]. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Feb 21]; [accessed 2004 Apr 15]. [3 p]ECHO® Survey and Reporting Kit 2004. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2004. Various p. Behavioral Health Care
Katie Hakesley	National Association of Social Workers, Massachusetts Chapter (NASW-MA)	Behavioral health care patients' experiences: percentage of adult patients who reported how much of a problem they had getting treatment and information from their health plan or managed behavior health organization	AHRQ Efficiency and system performance High-priority settings and clinical focus areas: behavioral health CAHPS® surveys and tools to advance patient-centered care [https://www.cahps.ahrq.gov/default.asp]. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Feb 21]; [accessed 2004 Apr 15]. [3 p]. ECHO® Survey and Reporting Kit 2004. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2004. Various p. Behavioral Health Care
Kristina Whiton O'Brien	National Association of Social Workers, Massachusetts Chapter	Behavioral health care patients' satisfaction: adult patients' overall rating of their health plan for counseling or treatment.	AHRQ Efficiency and system performance High-priority settings and clinical focus areas: behavioral health CAHPS® surveys and tools to advance patient-centered care [https://www.cahps.ahrq.gov/default.asp]. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Feb 21]; [accessed 2004 Apr 15]. [3 p]. ECHO® Survey and Reporting Kit 2004. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2004. Various p. Behavioral Health Care

Melinda Karp	Massachusetts Health Quality Partners	MHQP Ambulatory Patient Experiences of Care Survey (for Adults and for Children)	1) Massachusetts Ambulatory Care Experiences Survey (ACES) (developed by MHQP in partnership with researchers from The Health Institute at Tufts-New England Medical Center), and 2) The Clinician/Group CAHPS Survey (AHRQ, NQF) Care transitions and coordination Sources: 1) www.mhqp.org, 2) http://www.commonwealthfund.org/Publications/In-the-Literature/2006/Jan/Measuring-Patients-Experiences-with-Individual-Primary-Care-PhysiciansResults-of-a-Statewide-Demon.aspx Physician Practice Level Reporting MHQP's proposed measure nomination addresses the SQAC's statutory priority of patient experiences of care measures. MHQP's Ambulatory Patient Experiences of Care Survey instrument is comprised of the best performing items from the two validated ACES and CAHPS surveys. MHQP's survey is currently used for statewide public reporting in Massachusetts for over 500 adult, pediatric and family physician practices.
Michael Norton	Health Connector	Follow up after Hospitalization 7 and 30 day	NCQA HEDIS Measure High-priority settings and clinical focus areas: behavioral health NCQA HEDIS Measures (FUH) MassHealth MCO Program
Patricia Kelleher	Home Care Alliance of Massachusetts	Patient experience of care/overall rating of care	Home Health Consumer Assessment of Providers and Systems (HHCAPS) High-priority settings and clinical focus areas: post-acute care settings The HHCAPS is well vetted on the CMS website. Certified home health agencies
Patricia Kelleher	Home Care Alliance of Massachusetts	Timely Initiation of Care	OASIS (the Outcome and Assessment Information Set) data set for use in home health agencies (HHAs) Care transitions and coordination This tool is discussed both on CMS home Health Compare where these data are already publicly reported and on the NQF panel/website looking at post acute care Certified Home health

I		I	NOT
			NQF
			Efficiency and system performance
			Care transitions and coordination
			High-priority settings and clinical focus areas: behavioral health
			High-priority settings and clinical focus areas: post-acute care settings
			High-priority settings and clinical focus areas: community and population health
			High-priority settings and clinical focus areas: free standing and hospital outpatient surgical centers
			http://www.healthpartners.com/public/tcoc/
			http://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/dev_057649.pdf
			http://www.qualityforum.org/News_And_Resources/Press_Releases/2012/NQF_Endorses_Resource_Use_Measures.aspx
			Health Partners of Minnesota
			The TCOC Index and tools primarily focus on efficiency and system performance but can be and has been used to focus on
	Fallon		specific areas of interest e.g. Health Partners Medical Group use: • Identify cost effective facilities and specialists • Improve
Russell J.	Community		generic prescribing • Improve diagnostic imaging management • Improve back pain care • Reduce readmissions • Appropriate
Munson, MD	Health Plan	Total Cost of Care Index	ER use and inpatient care
			Children's Hospital Boston
		PIES - #34: When your	Care transitions and coordination
	Instuctor of	child was discharged from	As the measure developer, Children's Hospital, Boston will make available to you information related to the methodology and
	Pediatrics,	the hospital, how well or	validation process. A publication about the validation is also about to be submitted.
	Harvard	poorly prepared were you	Children's Hospital Boston
Sonja Ziniel	Medical School	and your child to leave?	Test-retest reliability, internal consistency, known-group validity and feasibility have been established.
		PIES - #36: In your	
	Instuctor of	opinion, how well or	
	Pediatrics,	poorly did the staff	"
	Harvard	prepare you to care for	
Sonja Ziniel	Medical School	your child at home?	
		PIES - #37: When you left	
		the hospital, how well did	
		you understand what	
	Instuctor of	problems you should	"
	Pediatrics,	watch out for that	
	Harvard	required a call to your	
Sonja Ziniel	Medical School	child's doctor right away?	
	Instuctor of	PIES - #38: When you left	
	Pediatrics,	the hospital, how well did	"
Sonja Ziniel	Harvard	you understand whom to	

	Medical School	call if you had questions or concerns about your child at home?	
Sonja Ziniel	Instuctor of Pediatrics, Harvard Medical School	PIES - #39: In your opinion, how well or poorly did the staff prepare you to deal with any pain your child might have at home?	n
Sonja Ziniel	Instuctor of Pediatrics, Harvard Medical School	PIES - #40: In your opinion, how well or poorly did the staff prepare you to give your child his or her new medicines at home, if any?	"